

CLAIMS ONLY	Application Number 10/709815	Filing Date
	Applicant(s)	

10/709815

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5						
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
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14		1				
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48						
49						
50						
Total Indep	5					
Total Depend	27					
Total Claims	32					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						